

N04279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TBrown 9-20-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH LAKE PROPERTY OWNERS ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: NO4279

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS L. REACLE
Name of Contact Person

NORTH LAKE WINDHOLDS PROPERTY OWNERS ASSOC
Firm/Company

PO BOX 180024
Address

TALLAHASSEE FL 32314
City/State and Zip Code

MTREACLE@EMPIREMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS REACLE at (850) 228-3457
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NORTH LAKE MEADOWS PROPERTY OWNERS Association, Inc.
2. The principal office address: 7236 NEWFIELD DR
TALLAHASSEE FL 32303
3. The mailing address (if different): PO BOX 180024
TALLAHASSEE FL 32318
4. Date of incorporation/qualification: 7-18-84 Document number: 1404279
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CLARK, MICHAEL
7239 OLD BAINBRIDGE RD
TALLAHASSEE FL 32318

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RIZALIE, THOMAS
7236 NEWFIELD DR
P.O. Box NOT acceptable
TALLAHASSEE FL 32303

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Murvin Peltz
Signature of an officer or director

Murvin Peltz, treasurer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Thomas L. Ryzak
Signature of Registered Agent

9/16/11
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)